

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

National Union of Healthcare Workers Federal Committee on Political Education

ADDRESS (number and street)

5940 College Avenue

☒(Check if address
is changed)

Oakland

CA

94618

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☒(Check if address
is changed)

stacy@hanklevycpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y
04 / 19 / 2011

3. FEC IDENTIFICATION NUMBER

C C00461418

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Stacy Owens

Signature of Treasurer

Electronically Filed by Stacy Owens

Date

M M / D D / Y Y Y Y
04 / 19 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)

C

Write or Type Committee Name

National Union of Healthcare Workers Federal Committee on Political Education

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

National Union of Healthcare Workers

Mailing Address

5801 Christie Avenue, Suite 525**Emeryville****CA****94608**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Sal Rosselli

Mailing Address

5801 Christie Ave., Suite 525**Emeryville****CA****94608**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Custodian of RecordsTelephone number **510** - **834** - **2009**

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

Sal Rosselli

Mailing Address

5801 Christie Ave., Suite 525**Emeryville****CA****94608**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TreasurerTelephone number **510** - **834** - **2009**

Full Name of
Designated
Agent

Stacy Owens

Mailing Address

5940 College Avenue

Oakland

CA

94618

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number

510

652

1000

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

2144 Shattuck Ave

Berkeley

CA

94704

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲